

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
67 County Mississippi
3 Township
4 City Charleston (No.)

Registration District No. 576
Primary Registration District No. 3030

File No. 23803
Registered No. 87
St. Ward)

2. FULL NAME Leonard L Crosby

(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Bel 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-1-33
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 2 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) Charleston (STATE OR COUNTRY)

13. NAME Arnett Crosby FATHER

14. BIRTHPLACE (CITY OR TOWN) Tennessee (STATE OR COUNTRY)

15. MAIDEN NAME Elsie Jones MOTHER

16. BIRTHPLACE (CITY OR TOWN) Mississippi (STATE OR COUNTRY)

17. INFORMANT H. L. Crosby (ADDRESS) Charleston Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove DATE 7/29 1933

19. UNDERTAKER The Fair Co. (ADDRESS) Charleston

20. FILED 7-29 1933 F. D. Vernon Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29 1933
22. I HEREBY CERTIFY, That I attended deceased from not have Physician 19...
I last saw h. alive on 19... Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Acute Gastro Enteritis
Other contributory causes of importance: 11/19/33
Date of onset

Name of operation Date of
What test confirmed diagnosis Stomach Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify. Frank Overman M. D.
(Signed) Charleston Mo
(Address)

